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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
PHN 14, 989R

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,986,400, granted November 16, 1999, and for which a

reissue patent is sought on the invention entitled **ELECTROLUMINESCENT DEVICE COMPRISING A TRANSPARENT STRUCTURED ELECTRODE LAYER MADE FROM A CONDUCTIVE POLYMER,**

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____ / _____
and was amended on _____.

(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The inventor believes that the original patent is partly inoperative for the following reasons:

At least one claim should have been included to provide protection for the electroluminescent device of the invention in which the active layer is made from a semiconducting soluble conjugated polymer.

Failure to include at least one such claim resulted in Applicants claiming less than they had a right to claim and such failure was in error.

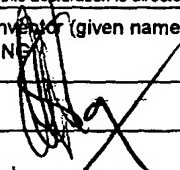
All errors which are being corrected in the present reissue application up to the time of the filing of this declaration arose without any deceptive intent on the part of the applicant.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)					Docket Number (Optional) PHN 14,989R	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.						
Name(s)		Registration Number				
NORMAN N. SPAIN		17,846				
MICHAEL E. MARION		32,266				
Correspondence Address: Direct all communications about the application to:						
<input type="checkbox"/> Customer Number		<div></div>			Place Customer Number Bar Code Label here	
OR		Type Customer Number here				
<input type="checkbox"/> Firm or Individual Name	U.S. Phillips Corporation					
Address	580 White Plains Road					
Address						
City	Tarrytown	State	NY	ZIP	10591	
Country	USA					
Telephone	(914) 332-0222			Fax	(914) 332-0615	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.						
Full name of sole or first inventor (given name, family name) AEMILIANUS G.J. STARIN						
Inventor's signature  2-11-2001						
Residence Eindhoven, The Netherlands						
Mailing Address GROENEWOUDSEWEG 1 5621 BA Eindhoven The Netherlands		Citizenship The Netherlands				
Full name of second joint inventor (given name, family name) DAVID B. BRAUN						
Inventor's signature		Date				
Residence Eindhoven, The Netherlands		Citizenship USA				
Mailing Address 459 N. TASSAJARA DRIVE SAN LUIS OBISPO, CA 93405						
Full name of third joint inventor (given name, family name)						
Inventor's signature		Date				
Residence		Citizenship				
Mailing Address						
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.						

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)
PHN 14,989R

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Name(s)	Registration Number
NORMAN N. SPAIN	17,846
MICHAEL E. MARION	32,266

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number
Bar Code Label here

☐ Firm or
Individual Name

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Address

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Country USA

Telephone (914) 332-0222 Fax (914) 332-0615

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)
AEMILIANUS G.J. STARING

Inventor's signature

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Full name of second joint inventor (given name, family name)
DAVID B. BRAUN

Inventor's signature

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Full name of third joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Mailing Address

☐ Additional joint inventors are named on separately numbered sheets attached hereto.